

Fabricator's PAL Material Receival Form

FAX to: 573-526-5636 or EMAIL to: PAL@modot.mo.gov

For assistance call: 573-751-6735

Fabricator Name:								
FAX Number:			Phone Number:					
The following material has been re	eceived and may be used in	MoDOT work	x. The mate	rial meets PAL	requirements.			
Material	Brand Name (may not apply) Man		facturer Arrival Date		Heat or Batch No.	Quantity & Units	PAL Ident. No. (Entered by MoDOT)	
Name: Email address:					For MoI	For MoDOT Use Only:		
Signature: Response Desired By: \square Email or \square Fax						Authorized Date:		
Title: Date:					Authoriz			